



EL979955307

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/512,149
		Filing Date	02/23/00
		First Named Inventor	Vishnu K. Agarwal
		Art Unit	2814
		Examiner Name	M. Pizzaro-Crespo
Total Number of Pages in This Submission	50	Attorney Docket Number	MI22-1322

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <input type="checkbox"/> Postcard; copy of reference cited in the response
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	D. Brent Kenady, 40, 045 Wells St. John P.S. Customer No. 021567
Signature	
Date	4-1-04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	-- VIA EXPRESS MAIL --	
Signature		Date

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EL979955307

PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 1,022.00

Complete if Known

Application Number	09/512,149
Filing Date	02/23/00
First Named Inventor	Vishnu K. Agarwal
Examiner Name	M. Pizzaro-Crespo
Art Unit	2814
Attorney Docket No.	MI22-1322

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
23-0925
Deposit Account Name
Wells St. John P.S.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385			Utility filing fee	
1002 340	2002 170			Design filing fee	
1003 530	2003 265			Plant filing fee	
1004 770	2004 385			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1)		(\$) 0			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	59	- 55 =	4	x	18	=	72
Independent Claims	3	- 6 =	0	x	0	=	0
Multiple Dependent							

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$) 72.00

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1051 130	2051 65			Surcharge - late filing fee or oath		
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet		
1053 130	1053 130			Non-English specification		
1812 2,520	1812 2,520			For filing a request for ex parte reexamination		
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action		
1251 110	2251 55			Extension for reply within first month		
1252 420	2252 210			Extension for reply within second month		
1253 950	2253 475			Extension for reply within third month	950	
1254 1,480	2254 740			Extension for reply within fourth month		
1255 2,010	2255 1,005			Extension for reply within fifth month		
1401 330	2401 165			Notice of Appeal		
1402 330	2402 165			Filing a brief in support of an appeal		
1403 290	2403 145			Request for oral hearing		
1451 1,510	1451 1,510			Petition to institute a public use proceeding		
1452 110	2452 55			Petition to revive - unavoidable		
1453 1,330	2453 665			Petition to revive - unintentional		
1501 1,330	2501 665			Utility issue fee (or reissue)		
1502 480	2502 240			Design issue fee		
1503 640	2503 320			Plant issue fee		
1460 130	1460 130			Petitions to the Commissioner		
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180			Submission of Information Disclosure Stmt		
8021 40	8021 40			Recording each patent assignment per property (times number of properties)		
1809 770	2809 385			Filing a submission after final rejection (37 CFR 1.129(a))		
1810 770	2810 385			For each additional invention to be examined (37 CFR 1.129(b))		
1801 770	2801 385			Request for Continued Examination (RCE)		
1802 900	1802 900			Request for expedited examination of a design application		
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid						
SUBTOTAL (3)		(\$) 950.00				

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	D. Brent Kenady	Registration No. (Attorney/Agent)	40,045	Telephone	509-624-4276
Signature				Date	4-1-04

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